

<i>Lowcountry AAA/ADRC</i> ELIGIBILITY SCREENING		Screening Date:	Site:
Client's Name (First, Middle Initial, Last):		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Client's Address:	Client's Home Phone #:	Preferred Point of Contact if desired (Name, Phone #, & Relationship):	
	Client's Cell Phone #:		
<i>Instructions: The potential client must meet <u>all</u> requirements listed for each of the below services he/she (or the caregiver) is requesting for the recipient. A check (✓) indicates the client meets the requirement (Rqmt). If the referral is an emergency, the timeline should be escalated as needed. NOTE: If client's situation is critical and warrants an over-ride to the below requirements, mark the last block of page 2 and attach your rationale. All eligible clients will be placed on the waiting list with their assessed priority score. References provided below are from the LGOA Policies and Procedures Manual.</i>			
Group Dining Eligibility Criteria			Meets Requirement
1	The person is (a) age 60 or older or one of the others as listed: (b) a spouse of a member (at any age), (c) an adult with a disability (at any age) who resides in senior housing that provides group dining services, (d) a person with a disability under age 60 if he/she resides with a member, or (e) a person who volunteers at the center during mealtime as long as their hours and duties are being formally documented by the provider/contractor. (Ref: Para 503F)		
2	The client is a resident of your designated county. Exception: A resident of another county is eligible to attend your senior center if she/he resides in the Lowcountry Region, there is no C-1 waiting list within your county, and if he/she is willing to provide their own transportation. Note: If the client is not a resident, provide the client a point of contact for a senior center in their county/region. Also see the LGOA Policies and Procedures Manual, Para 405 #15 which indicates "residency/citizenship shall not be imposed as a condition for the provision of services to otherwise qualified older individuals."		
Home Delivered Meal Eligibility Criteria			Meets Requirement
1	Person is: (a) age 60 or older or is one of the following: (b) a client's spouse (at any age), or (c) another member of the household when it is in the best interest of the homebound client.		
2	The person is homebound. Note: Homebound is defined as an individual who resides at home; is unable to drive; does not have access to transportation; and may be at risk for institutionalization. Client is also unable to leave home unassisted and when the individual does leave home, it must be only to receive medical care or attend other essential appointments. (Ref: Para 106 and Para 503G)		
3	The person has at least one of the following conditions making him/her homebound: (a) an illness, (b) an incapacitating disability, or (c) a situation where they have become unavoidably isolated. (Ref: Para 503G)		
4	Person is a resident of your designated county. Note: If the client does not reside in your county, recommend the individual contact the correct region/county. Also refer to Para 405 #15 of the LGOA Policies and Procedures Manual.		
5	The person does not have (a) the ability to purchase and/or prepare food due to his/her disability, and (2) does not have anyone to prepare a nutritious meal on a daily basis. (Ref: Para 503G)		
6	The person is able to self-feed or has someone available to assist with his/her feeding at mealtime. (Ref: Para 503G, Note)		
7	If request is for frozen meals, the person has the capability to store and heat the meals unassisted (or has someone readily available to provide the assistance). (Ref: 503G)		
8	The client is not receiving services under Community Long Term Care (CLTC). Note: If the client is getting services under CLTC, have them contact their CLTC Case Manager to order the required meals with CLT funding.		

Transportation Eligibility Criteria		Meets Requirement
1	The person is: (a) age 60 or older or one of the following: (b) a spouse (at any age) of a member who attends group dining or (c) a person with a disability under age 60 if he/she resides with a member and they attend group dining. (Ref: Para 502B)	
2	The person is a resident of your designated county. Note: If the client does not reside in your county, recommend the individual contact the correct region/county. Also refer to Para 405 #15 of the LGOA Policies and Procedures Manual.	
3	The person: (a) is unable to drive safely, (b) has no access to a vehicle, or (c) does not have access to affordable public transportation. (Ref: Para 502B)	
4	The client requires transportation service due to at least one of the following in order to remain active in the community: (a) Needed to participate in social service programs, (b) Have access to businesses and health resources, (c) Needed to reduce social isolation, (d) Required to maintain health and independence, (e) Needed to prevent premature institutionalization. (Ref: Para 502B)	
5	The person is <u>not</u> currently volunteering as a driver and is <u>not</u> being financially compensated by the AAA/ADRC (or provider/contractor) for the transportation service that is being requested. (Ref: Para 502B2d)	
Level I Homemaking Eligibility Criteria		Meets Requirement
1	Person is age 60 or older. (Ref: Para 502C5)	
2	The person is a resident of your designated county. Note: If the client does not reside in your county, recommend the individual contact the correct region/county. Also refer to Para 405 #15 of the LGOA Policies and Procedures Manual	
3	The person is homebound. Note: Homebound is defined as an individual who resides at home; is unable to drive; does not have access to transportation; and may be at risk for institutionalization. Client is also unable to leave home unassisted and when the individual does leave home, it must be only to receive medical care or attend other essential appointments. (Ref: Para 106 and Para 503G)	
4	The client has at least one of the following conditions that make him/her homebound: (a) has a chronic illness, (b) has limitations in 2 or more activities of daily living, or (c) Has an acute episode of chronic illness that affects his/her ability to provide self-care and being able to maintain a safe and sanitary home environment without assistance. (Ref: Para 502C5)	
5	The client's needs are within the scope of the Level I homemaking/chore/companion services (i.e., needs are primarily simple and deal with taking care of the recipient's living environment). (Ref: Para 502C2)	
6	The client is not receiving care under Community Long Term Care (CLTC), a Hospice Program, or any other program that provides homemaking services. Note: No duplication of similar services is authorized.	
Legal Assistance Services		Meets Requirement
1	Person is age 60 or older. (Ref: Para 805E)	
2	The person is socially isolated geographically or resides in a Long Term Care Facility. (Ref: Para 805E)	
3	The person is low income and/ or low income minority. (Ref: Para 805E)	
SUMMARY		
<input type="checkbox"/> Eligible for Identified Services – Inform client they will receive a call from the Lowcountry AAA/ADRC to schedule an Assessment within 2 weeks. Retain this document in client's file and ensure a copy is forwarded to Lowcountry AAA/ADRC.		
<input type="checkbox"/> Ineligible for Identified Services -- Notify client of reason for ineligibility and offer other appropriate options. If client desires this information in writing, forward the response with rationale within 2 business days. Retain this document on file for 3 years for future review and forward copy (to include the letter if prepared) to Lowcountry AAA/ADRC.		
<input type="checkbox"/> Client's situation warrants over-riding standard eligibility requirements. The justification is attached.		
Assessor's Name	Assessor's Phone Number	Date